

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

'07 JAN 10 A11:21

556 HT

STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	1,7,00 0.1.			
PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Sakakida	Gareth	Kazuo	833-6628	
MAILING ADDRESS (Street)  #XMXXX#XXXXXXKK			FAX	
MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2850 Paa Street, ro	om 204	833-8486	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	319	
EMPLOYING ORGANIZATION (Fill in o	nly if you are employed by a business en	itity which has been retained to lobby)	TELEPHONE	
Hawaii Transportation Association			833-6628	
MAILING ADDRESS (Street)			FAX	
2850 Paa Street, room 204				
			833-8486	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	9681	9	

PART II ORGANIZATIO	ON	
NAME OF ORGANIZATION YOU	U LOBBY FOR (Do not abbreviate)	TELEPHONE
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE	E FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
	Agriculture	Education	Human Services	Х	Science, Technology & Economic Development
Х	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	X	Tourism & Recreation
Х	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	X	Transportation
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management		Other: (indicate below)
Х	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION C	F LOBBYIST		
I hereby certify that the inf	ormation furnished above is,	to the best of my knowledg	e, correct and complete.
January 8, 2007		8, 2007	
(\$	Signature of Lobbyist)		(Date)
PART V AUTHORIZATION	ГО LOBBY		
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED
Gareth K. Sakakida		Managing Director	
NAME OF ORGANIZATION (if applica	ible)		TELEPHONE
Hawaii Transportation A	ssociation		833-6628
MAILING ADDRESS (Street)			FAX
·			
2850 Paa Street, room 2	04		833-8486
(City)	(State)	(Zip C	ode)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

96819

(Signature of Authorizing Officer or Person Represented) (Date)

Hawaii

Honolulu